

FAX

Utah Department of Health
Long-Term Acute Care
Documentation Fax Cover Sheet
Fax: 801-237-0751

To: _____

From: _____

Fax: _____

Fax: _____

Phone: _____

Phone: _____

Patient Name
(Last, First, MI):

Medicaid ID#:

Date of Birth:

Age:

Patient Diagnosis:

Review Type:

- | | |
|--------------------------|----------------|
| <input type="checkbox"/> | Pre-Admission |
| <input type="checkbox"/> | Admission |
| <input type="checkbox"/> | Continued Stay |
| <input type="checkbox"/> | Discharge |
| <input type="checkbox"/> | Retro-Auth |

Initial Admit Date:

Requested Dates of Service:

Hospital/Facility
Name:

NPI#

Address:

Phone:

Fax:

Comments:

Instructions:

A fax cover sheet that includes all the above information is required with each long-term acute care fax. Clinical documentation must be submitted to support each request, including the InterQual review when available. For **Continued Stay reviews, providers must submit all supporting documentation 2 days prior to the end of the previously approved period.**